

LUMP SUM SETTLEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME:		8. EMPLOYEE LAST NAME:		9. FIRST NAME:	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

18. TYPE OF SETTLEMENT:	
<input type="checkbox"/> STRUCTURED SETTLEMENT (ATTACH DOCUMENTATION)	<input type="checkbox"/> LUMP SUM SETTLEMENT TOTAL VALUE OF SETTLEMENT \$ _____

19. PERMANENT IMPAIRMENT RATING _____%	AMOUNT PAID \$ _____
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20. COMMENTS:

21. PREPARER NAME AND TITLE (TYPE OR PRINT):	22. TELEPHONE NUMBER:	23. DATE:
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RELEASE

24. EMPLOYEE/DEPENDENT:		
<p>I AM THE PERSON ENTITLED TO WORKERS' COMPENSATION BENEFITS ON ACCOUNT OF THIS INJURY OR DEATH. I HAVE READ THIS WORKSHEET AND ALL ATTACHMENTS. WHEN I RECEIVE THE AMOUNT SHOWN ABOVE AND THIS SETTLEMENT IS APPROVED BY THE HEARING OFFICER, I RELEASE THE EMPLOYER AND INSURER NAMED ABOVE FROM ALL FURTHER LIABILITY FOR THIS INJURY. I CONCENT TO THE SETTLEMENT.</p>		
_____ EMPLOYEE/DEPENDENT SIGNATURE	_____ ATTORNEY SIGNATURE	_____ DATE
EMPLOYER/INSURER:		
THE EMPLOYER CONSENTS TO THE SETTLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		_____ SIGNATURE
THE INSURER CONSENTS TO THE SETTLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		_____ DATE

DECISION

25. THE REQUESTED SETTLEMENT (<i>IS/IS NOT</i>) APPROVED. THE EMPLOYER/INSURER IS ORDERED TO PAY	
THE EMPLOYEE/DEPENDENT THE SUM OF \$ _____ <small>CIRCLE ONE</small> IN A LUMP SUM	
SETTLEMENT ACCORDING TO THE WORKERS' COMPENSATION ACT. THE EMPLOYER/INSURER IS	
ORDERED TO PAY ALL OUTSTANDING COMPENSATION OBLIGATIONS INCURRED PRIOR TO THIS	
SETTLEMENT BY THE EMPLOYEE/DEPENDENT. THEEMPLOYER/INSURER IS ORDERED TO PAY THE	
ATTORNEY OF THE EMPLOYEE/DEPENDENT A FEE OF \$ _____	
ALL PENDING PETITIONS BASED ON THIS CLAIM ARE HEREBY DISMISSED.	
_____ HEARING OFFICER SIGNATURE	_____ DATE